

2004 FR-329 SUB Consumer Use Tax on Purchases and Rentals

043290210000

Leave lines blank that do not apply to you.

OFFICIAL USE ONLY

Personal information

Your first name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQ

Your social security number 123456789 Your Daytime phone number 1234567890

Home address (number and street) 12345ABCDEFGHIJKLMN Apartment number 99ABC

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

Sales tax you owe

Round cents to the nearest dollar. If the amount is zero, make no entry.

Table with 4 columns: Line number, Description, Amount purchased, Rate, Tax. Includes rows for Merchandise, Alcoholic beverages, Purchases of catered food, and Total tax due.

Attach check or money order made payable to DC Treasurer. Write your social security number and '2004 FR-329' on your payment.

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct. Declaration of paid preparer is based on all information available to the preparer.

Your signature Date Paid preparer's signature Date

Paid preparer's FEIN, SSN or PTIN 123456789 Paid preparer's phone number 1234567890

Do not mail this form with your individual tax return. Please use a separate envelope.

Send your signed and completed original form by April 15, 2004 to: DC Office of Tax and Revenue, 941 North Capitol St., NE, 6th floor Washington, DC 20002-4265